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“Health United States, 1986 and Prevention Profile”

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Assistant Secretary for Health

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Address correspondence to:

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Rm. 721-H, Hubert H. Humphrey Bldg.
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world where there are about 12 million cases of leprosy, or Hansen's disease. But there had been little incentive to win approval in the United States, whose several thousand cases were treated with other drugs.

However, with bacterial resistance increasing to these other drugs, the Public Health Service's National Hansen's Disease Center in Carville, LA, carried out two studies on clofazimine, and FDA designated it an "orphan" drug, providing incentives to develop, study, and manufacture an otherwise unprofitable therapy.

The drug will be marketed by CIBA-GEIGY of Summit, NJ, which has made it available as an investigational drug to about 6,000 patients in the United States since 1966.

FDA Commissioner Frank E. Young, MD, PhD, said "Clofazimine not only acts to clear the unsightly lesions of leprosy, but also suppresses infectiousness so that patients can circulate freely and function in society."

Clofazimine inhibits the growth of the bacteria that cause leprosy, and is usually given with one or more other anti-leprosy drugs, for lepromatous leprosy, which is characterized by skin lesions that enlarge and spread, and by nerve involvement that may cause

loss of sensation and paralysis. The disease also can cause severe deformities and damage the eyes, kidneys, testes, and membranes of the mouth, nose, and throat.

The control and effective treatment of leprosy have changed dramatically over the past 45 years as drug therapy has become available. Early detection and treatment of the disease can prevent it from developing into a highly infectious type of leprosy and avoid physical disability and disfigurement. With appropriate treatment, infectiousness is suppressed, so that patients pose no risk to their families or other members of the community. In addition, patients can be treated at home rather than being confined to costly leprosariums. Long-term treatment usually is necessary.

In the United States, leprosy occurs in coastal areas of California, Florida, Hawaii, Puerto Rico, Texas and Louisiana. Leprosy occurs more commonly in Southeast Asia and is sometimes brought into the United States by immigrants.

With prolonged use, clofazimine commonly causes a red to brownish black discoloration of the skin that is reversible after treatment is discontinued, but may take months or years to disappear. Rarely, patients develop se-

vere gastrointestinal problems while taking clofazimine. The drug will be marketed in capsule form under the trade name Lamprène.

New NCI Monograph Outlines Cancer Control Objectives

The National Cancer Institute has published a new monograph, "Cancer Control Objectives for the Nation: 1985-2000," that reports on the potential progress toward cancer control that can be achieved by scientists, public and private agencies, and the American people.

In the 93-page report, four working groups of experts from the United States and Canada, assisted by the NCI staff, not only developed and set objectives for cancer prevention, screening, treatment, and surveillance, but also recommended ways to achieve the objectives.

Copies of "Cancer Control Objectives for the Nation: 1985-2000" may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. GPO stock number: 017-042-00191-9. Price: \$6 (domestic), \$7.50 (foreign).

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HEALTH UNITED STATES 1986 AND PREVENTION PROFILE

Each year since 1975 the Secretary of Health and Human Services has reported to the Congress and the President of the United States on the health of the nation. "Health United States, 1986 and Prevention Profile" continues that series. The report contains 112 tables which present trend data in four major subject areas—health status and determinants, health resources statistics, health care resources, and health care expenditures.

"Prevention Profile" tracks the success in meeting the goals of improving the health of the American people through changes in lifestyles, access to care, and the environment. In 17 charts and numerous tables the third triennial "Prevention Profile" addresses the five goals delineated in "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" and the 15 broad areas given high priority in the 1990 Objectives in "Promoting Health/Preventing Disease: Objectives for the Nation."

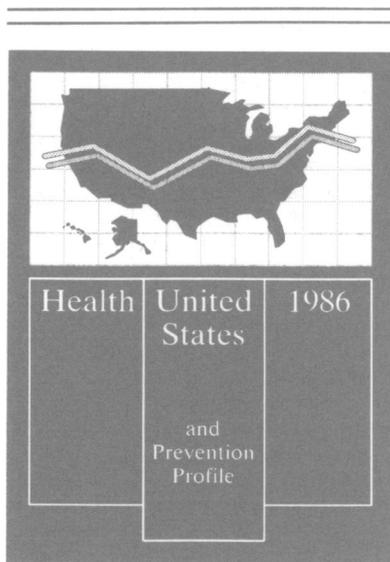
The report was compiled by the National Center for Health Statistics. The National Committee on Vital and Health Statistics served in a review capacity. Data were drawn from many of the programs of the Department of Health and Human Services and other public and private sources which are described in the report. These data represent the latest statistics available.

Highlights of the 1986 report:

- Death rates for heart disease, the leading cause of death, and stroke, ranked as the third leading cause of death, continued to decline in 1984. From 1970 to 1984, the age-adjusted death rate for heart disease declined by 28 percent, the rate for stroke by 50 percent. The picture for cancer, the second leading cause of death, is more complex. Trends in death rates vary for different cancer sites and population groups.

- Age-adjusted death rates for lung cancer among white males have remained essentially stable between 1980 and 1984 while rates for black males have increased by 5 percent. However, death rates for lung cancer increased almost 20 percent among white females and 10 percent for black females during this period.

- Over the past decade, both the percent of births to teenage mothers and



the birth rate among teenagers has been declining. Conversely, births to older mothers have risen. The fertility rate among women 30-34 years of age has increased an average of almost 3 percent annually since the mid-1970s. The fertility rate for women 35-39 years of age has been increasing at almost 4 percent per year for the past few years.

- Births to unmarried mothers continue to increase. Between 1970 and 1984 the percent of births to the unmarried increased from 6 to 13 percent for white mothers and from 38 to almost 60 percent of the births among black mothers.

- Between 1980 and 1985, cigarette smoking continued to decline more among males than females. The percent of adult males who smoke declined from 38 percent in 1980 to 33 percent in 1985; smoking among adult females decreased from 30 percent to 28 percent during that 5-year period.

Health Resources Utilization

- Twenty-one percent of all births were delivered by cesarean section in 1984, up from 19 percent in 1982 and 16 percent in 1979.

- Diagnostic procedures for inpatients in short-stay non-Federal hospitals almost doubled from 1979 to 1984. Notable changes include a fivefold rise in the use of computerized axial tomography (CAT scan) and more than a three-fold increase in the use of diagnostic ultrasound.

- Between 1979 and 1984, the average length of stay in short-stay non-Federal hospitals declined from 7.2 to 6.6 days. The largest declines in length of stay occurred for persons 65 years and older. Hospital stays of the elderly for heart disease were 2 days shorter in 1984 than in 1979, and stays for malignant neoplasms decreased by 2 days for elderly males and by 3 days for elderly females.

Health Care Resources

- Among first-year medical school enrollees the percent of black students declined slightly between 1971-72 and 1984-85 from 7.1 to 6.8 percent. During this same period other minority student enrollment increased about fourfold from 3.3 to 12.5 percent, and the proportion of women enrolled more than doubled from 13.7 to 33.6 percent.

- The number of women in health professions traditionally dominated by men continues to increase significantly. Between 1971-72 and 1984-85, the percentages of female students in dental schools increased from 1 to 24 percent. Increases in the proportion of female students have occurred also in schools of medicine, pharmacy, optometry, and veterinary medicine.

Health Care Expenditures

- In 1985, health care expenditures in the United States totaled \$425 billion, an average of \$1,721 per person, and comprised 10.7 percent of the gross national product, up from 10.3 percent the previous year and 5.9 in 1965.

- National health care expenditures increased 8.9 percent in 1985, continuing the trend toward smaller annual increases since 1982. Hospital care, which registered large increases before the 1980s, showed the smallest increase for both 1984 and 1985 (5.8 and 7.3 percent, respectively).

- In the last decade, the number of health maintenance organizations increased from 174 to 478, and enrollment rose from 6 million to 21 million. Enrollment continued to be highest in the West and lowest in the South.

Copies of "Health, United States, 1986 and Prevention Profile" may be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. The stock number is 017-022-00989-7. Price \$11.

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